

Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

March 2, 2010

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Aura Restaurant & Bar, 2500 Tamarin Ridge requesting a class I liquor license.

This location will be a Holiday Inn which will house this establishment.

Michael Works, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Michael Works was born in Lansing, Michigan. He obtained his Law Degree from the University of Wisconsin in 1995.

Michael Works employment history is as follows:

1998 - Present	Owner /Manager, Carpenter Enterprises	Lincoln, NE.
1996 - 1998	Attorney, Gil Grady	Lincoln, NE.

The required training will be completed on April 8<sup>th</sup> 2010.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



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**PREMISE INFORMATION**

FEB 17 2010

Trade Name (doing business as) Aura Restaurant and Bar

Street Address #1 2500 Tamarin Ridge Rd.

NEBRASKA LIQUOR  
CONTROL COMMISSION

Street Address #2 \_\_\_\_\_

City Lincoln

County Lancaster

Zip Code 68512

Premise Telephone number \_\_\_\_\_

Is this location inside the city/village corporate limits:



YES



NO

Mail address (where you want receipt of mail from the commission)

Name Aura, Inc.

Street Address

#1 4803 S. 189th St.

Street Address

#2 \_\_\_\_\_

City Omaha

State NE

Zip Code 68135

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

**\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

See Attached

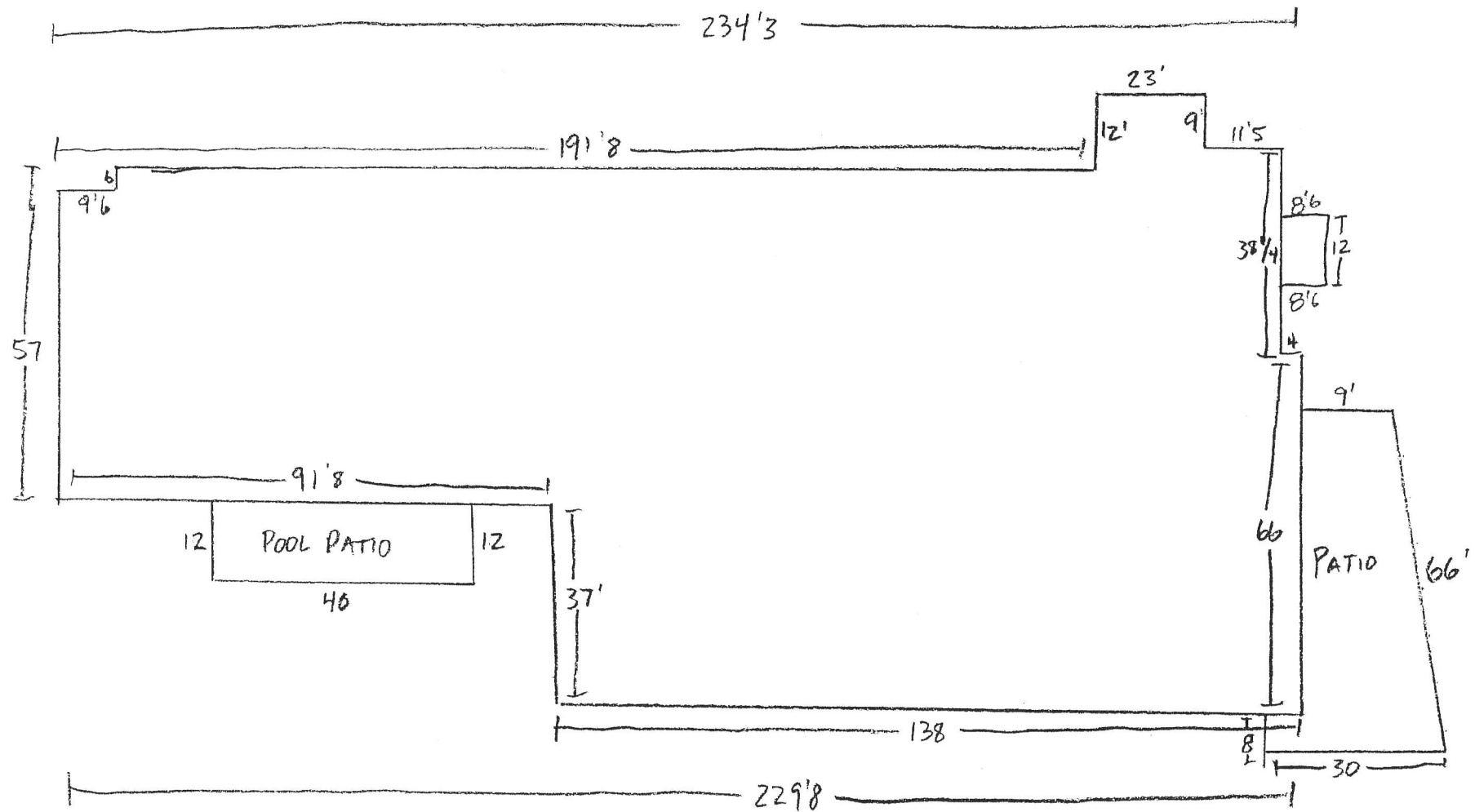
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FEB 17 2011

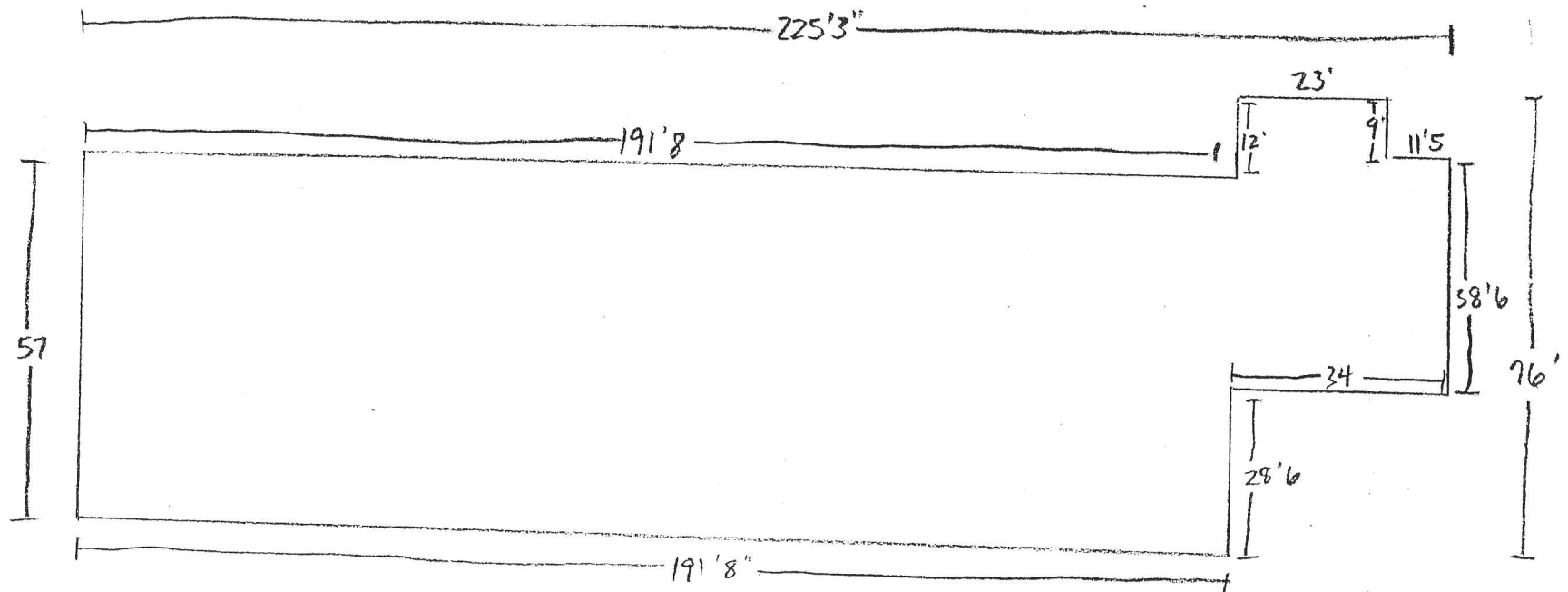
Description of Space:

NEBRASKA LIQUOR  
CONTROL COMMISSION

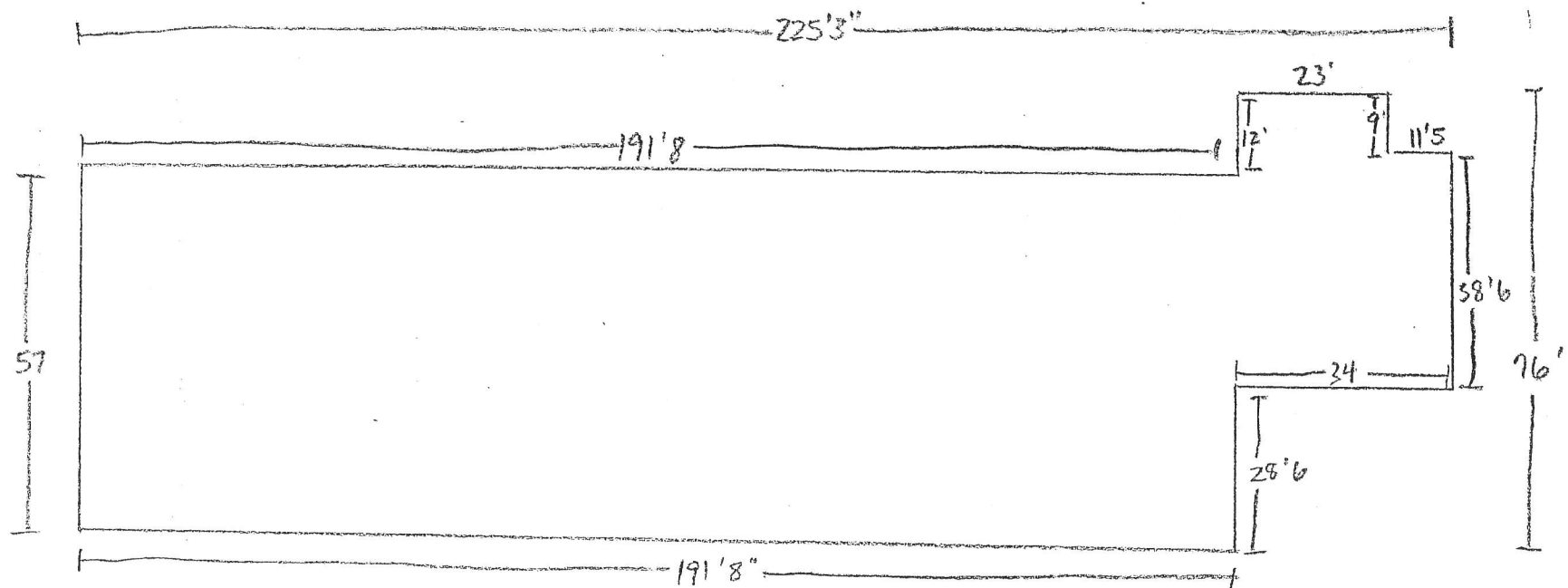
The liquor license application applies to all four floors of the full-service Holiday Inn Hotel and Conference Center at 2500 Tamarin Ridge Road, Lincoln, Nebraska. The first floor includes 19,646 square feet, including a restaurant and lounge, banquet conference hall, lobby, back offices, business center, exercise room, laundry facilities, indoor pool, pool patio, restaurant patio and public hallways. The 2<sup>nd</sup> through 4<sup>th</sup> floors include 13,520 square feet each and have a total of 90 rooms (30 on each floor), guest laundry facilities and vending areas.



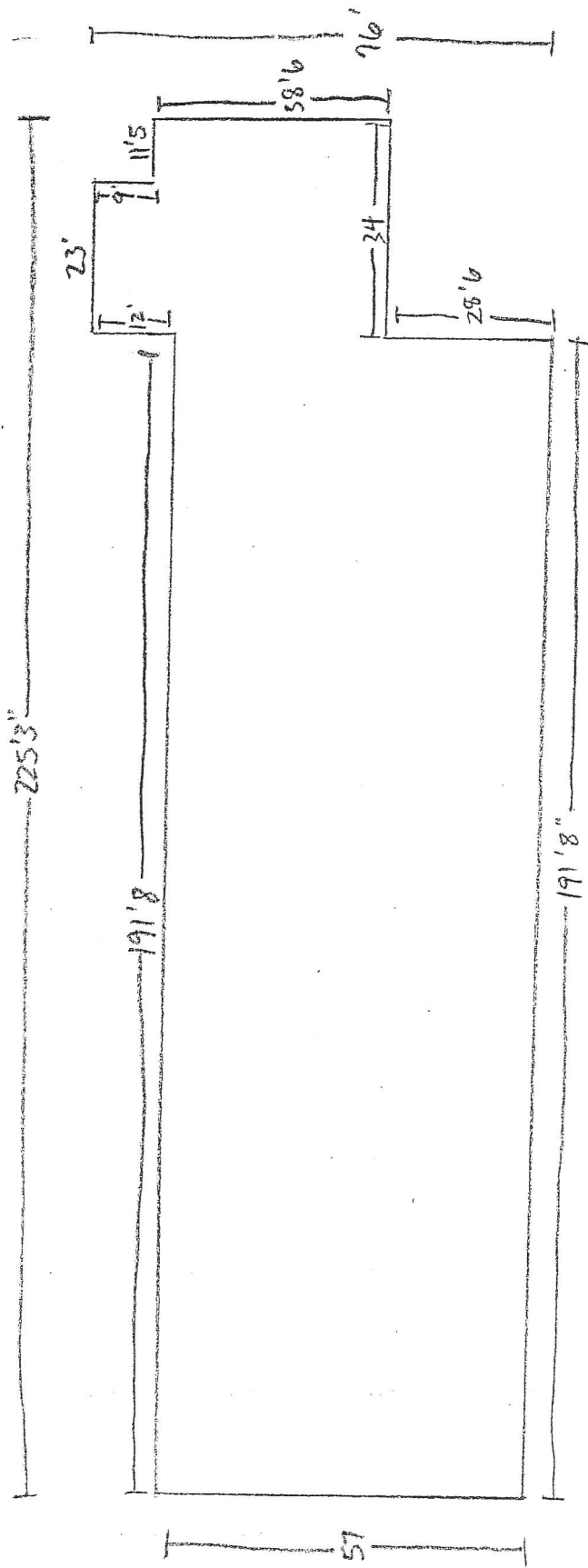
1<sup>ST</sup> Floor. Restaurant, Restaurant Patio, Lobby, Offices, Business Center, Banquet hall, Exercise Room, Pool, Pool Patio, Storage, Laundry



2<sup>nd</sup> Floor - 30 guestrooms



3<sup>rd</sup> Floor - 30 guestrooms



4<sup>th</sup> Floor - 30 guestrooms

APPLICATION FOR LIQUOR LICENSE  
CORPORATION  
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Darrell K. Stock

Name of Corporation that will hold license as listed on the Articles

Aura, Inc.

Corporation Address: 4803 S. 189th St.

City: Omaha

State: NE

Zip Code: 68135

Corporation Phone Number: (402) 933-6959

Fax Number (402) 614-1867

Total Number of Corporation Shares Issued: 7,500

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: Gangahar

First Name: Deepak

MI: M.

Home Address: 3120 Durado Ct.

City: Lincoln

State: NE

Zip Code: 68520

Home Phone Number: (402) 483-6394

\*

*[Handwritten Signature]*

Signature of president

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

1-22-10

date

by Deepak M. Gangahar

name of person acknowledged

*[Handwritten Signature]*

Notary Public signature

Affix Seal Here



GENERAL NOTARY-State of Nebraska  
JENN SECKINGER  
My Comm. Exp. July 10, 2010



List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Gangahar First Name: Deepak MI: M.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Shareholder, Director and President Number of Shares 2,500

Spouse Full Name (indicate N/A if single): Kiran Gangahar

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: Works First Name: Michael MI: A.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Shareholder, Director and Vice President Number of Shares 2,500

Spouse Full Name (indicate N/A if single): Kelly S. Works

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: Trivedi First Name: Kirti MI: K.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Shareholder, Director and Secretary/Treasurer Number of Shares 2,500

Spouse Full Name (indicate N/A if single): Seema Trivedi

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is the applying Corporation controlled by another Corporation?

☐ YES

☒ NO

If yes, provide the name of corporation and supply an organizational chart

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Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: January 1 . . . . . Ending Date: December 31 . . . . .

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Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

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In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.

REVISED 5/2007

# **SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

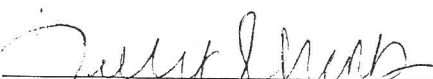
Office Use

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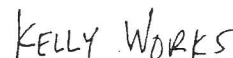
FEB 17 2010

NEBRASKA LIQUOR  
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.



Signature of spouse asking for waiver  
(Spouse of individual listed below)



Printed name of spouse asking for waiver

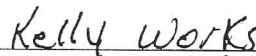
State of Nebraska

County of Lancaster

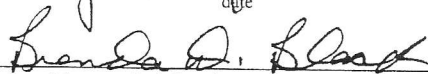
The foregoing instrument was acknowledged before me this

January 29 2010  
date

by

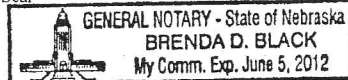


name of person acknowledged

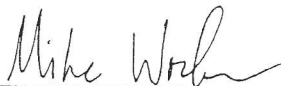


Notary Public signature

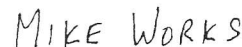
Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.



Signature of individual involved with application  
(Spouse of individual listed above)



Printed name of applying individual

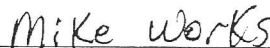
State of Nebraska

County of Lancaster

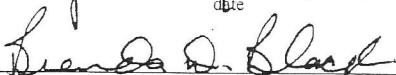
The foregoing instrument was acknowledged before me this

January 29 2010  
date

by

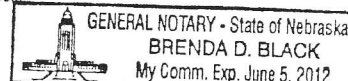


name of person acknowledged



Notary Public signature

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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FEB 17 2010

NEBRASKA LIQUOR  
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

*S. Trivedi*  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

*SEEMA TRIVEDI*  
Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

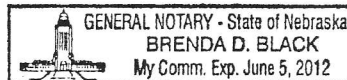
February 12, 2010  
date

*Brenda D. Black*  
Notary Public signature

The foregoing instrument was acknowledged before me this

by Seema Trivedi  
name of person acknowledged

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

*[Signature]*  
Signature of individual involved with application  
(Spouse of individual listed above)

*Kirti Trivedi*  
Printed name of applying individual

State of Nebraska

County of Lancaster

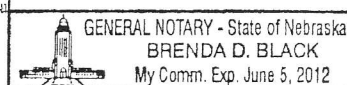
February 12, 2010  
date

*Brenda D. Black*  
Notary Public signature

The foregoing instrument was acknowledged before me this

by Kirti Trivedi  
name of person acknowledged

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

RECEIVED

**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

FEB 17 2010

NEBRASKA LIQUOR  
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

\* [Signature]

Signature of spouse asking for waiver  
(Spouse of individual listed below)

\* (KIRAN GANGAHAR)

Printed name of spouse asking for waiver

State of Nebraska

County of Douglas

1-19-10

date

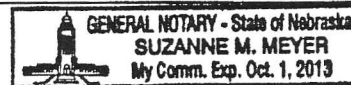
[Signature]  
Notary Public signature

The foregoing instrument was acknowledged before me this

by Kiran Gangahar

name of person acknowledged

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

\* [Signature]

Signature of individual involved with application  
(Spouse of individual listed above)

\* DEEPAK M. GANGAHAR

Printed name of applying individual

State of Nebraska

County of Lancaster

1-22-10

date

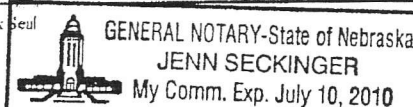
[Signature]  
Notary Public signature

The foregoing instrument was acknowledged before me this

by Deepak Gangahar

name of person acknowledged

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4178  
Revised 1/2008

**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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FEB 17 2011

NEBRASKA LIQUOR  
CONTROL COMMISSION

Corporate manager, including spouse, are required to adhere to the following requirements  
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: Aura, Inc.

Premise information

Premise License Number: \_\_\_\_\_

(If new application leave blank)

Premise Trade Name/DBA: Aura Restaurant and Bar

Premise Street Address: 2500 Tamarin Ridge Rd.

City: Lincoln


State: NE

Zip Code: 68512

Premise Phone Number: (402) 421-1893

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

\*

  
CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Works First Name: Michael MI: A.

Home Address (include PO Box if applicable): 6007 Norman Rd.

City: Lincoln State: NE Zip Code: 68512

Home Phone Number: (402) 420-6708 Business Phone Number: 402-416-3522

Social Security Number \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Lansing, Michigan

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES ☐ NO

Spouse's information

Spouses Last Name: Works First Name: Kelly MI: S.

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Lincoln, NE

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM TO		CITY & STATE	YEAR FROM TO	
Lincoln, NE	1995	Present	Lincoln, NE	1995	Present

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1998	Present	Carpenter Enterprises, Inc.	Beverly Grady	402-421-8122
2002	Present	Leisure Real Estate	Brent Jaynes	913-894-5252